

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 13 AM 8:00

DOCUMENT # **P02000072505**

1. Corporation Name

BV PLUMBING, INC.

Principal Place of Business

1171 SW 109 LN
DAVIE FL 33324

Mailing Address

1171 SW 109 LN
DAVIE FL 33324

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT

03 mps

4. Date Incorporated or Qualified
To Do Business in Florida

06/26/2002

5. FEI Number

02-0628438

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	VACCA, WILLIAM	1171 SW 109 LN	DAVIE FL 33324

360028765409
10713703--01034--018 ***150.00
DGS-4508453-4808068796
EXP. 10/15/08
10713703--01034--017

8. Name and Address of Current Registered Agent

VACCA, WILLIAM
1171 SW 109 LN
DAVIE FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

William Vacca

REGISTERED AGENT MUST SIGN

Date *10/8/03*

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

William Vacca

William VACCA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/03

Date

954-581-0606

Daytime Phone #

CR2E040 (7/03)

To Whom it may Concern:

I William Vacca Am very Sorry, but to my knowledge, I Had not Received Any Thing in the mail About doing this every year. I Am New AT Trying my Own Business. Please be Considerate of this + possibly Waive the Extra Fee's. Again This is the First Notice I HAVE Received + I Called right away. I DON'T KNOW How I missed AN original Notice. Enclosed IS A check IN the amount of \$150.00

Thank you Very much For you Help
+ AGAIN I'm Sorry.

Thank you
William Vacca

P.S. I do NOT know WHAT AN FEI Number IN Block 5 I HOPE This Does NOT Hinder Any process, Please CALL me For Any Thing AT Anytime 954-581-0606 With ANY Questions